brevity are even more important to a medical author.

Progress in medical authorship is encouraging. It has moved faster during the past few years than in previous generations. The motivating influence is the growing invasion of the field of medical writing for public readers.

During the several years that medicine and health education publicity has been carried forward by physicians in California, through Better Health magazine and the San Francisco Examiner Better Health services, there has been a noticeable improvement in the writing of hundreds of physicians. We all frankly admit that it requires more effort to prepare a successful message for popular readers than it does for medical readers.

So it *does,* but *should* it? After all, the fundamental requirements for success are precisely the same.

SHALL WE HAVE TWO MEDICAL PROFESSIONS?

Shall PERSONAL HEALTH PHYSICIANS and PUBLIC HEALTH PHYSICIANS be developed into two separate professions or shall *public health practice* be continued as a *specialty of medicine*—as it always has been—constitutes one of the very important health progress problems.

It is everyone's problem, and it will be solved. As a matter of fact, it is moving toward solution constantly. What that solution may be cannot be predicted at present. But we can look dispassionately at the forces tending to influence the final solution and thus determine our duties and responsibilities as physicians and citizens.

Certainly, the larger majority of those physicians who consider their attainments as assets to be used primarily and with reasonable unselfishness in improving the general health welfare of humanity believe that *public health practice* should constitute a specialty of general medicine practice. On the other hand, a minority of physicians supported and largely led by great non-medical organizations and wealthy foundations are out definitely and openly to *split medicine into two separate professions.*

There is more propaganda given out under the guise of informative publicity supporting such a division than upon any other single phase of health. The burden of most of the arguments is to the effect that the seven years of special education above high school required of all Doctors of Medicine, while it prepares them to practice *personal* health medicine, does not prepare them to practice *public* health medicine. They argue that a few weeks or months extra study, usually in specially designated schools, does prepare the personal health physician to practice public health, medicine, and that even a much shorter course in certain schools will prepare students, *not medically educated,* to practice public health medicine. Or, in the parlance of the propagandists, it prepares these non-medically educated persons to become "efficient health officers."

Nor is this the whole aim of those promoting the idea of two separate and distinct medical professions. During the last year in *official* government documents and reports of voluntary organizations, the announcement has been frequently made that public health medicine included personal health practice—"preventative AND CURATIVE."

This serious move concerns all people, and it is being actively promoted by powerful influences. In claiming broadly for everyone to read, that the education of a Doctor of Medicine "does not fit the physician to practice public health medicine," these propagandists are thus encouraging the non-medical public to arrive at the logical conclusion that if such a physician is incapable of serving the public health he must also be incapable of serving the family or individual health requirements.

WHAT ARE THE FACTS?

Out of over 3000 counties and over 6000 cities and municipalities in the United States, there are less than 500 that engage the full time of even an educated licensed physician "health officer."

We would like to suggest to these propagandists that before they criticize the educated physician too strongly as being incapable of doing for the *public* health what he is doing for *personal* health they get rid of the quacks and other incompetent "health officers" that have not even a medical education and who now hold authority in hundreds of places.

It also is appropriate to call their attention to the bad taste and perfidy of criticizing the thousands of educated physicians who are carrying on public health duties for the vast majority of our people in most places for a pittance of from $5 to $25 per month.

If there is not money to pay even the alleged incompetent doctor of personal health medicine enough to buy gasoline with, how do they expect to pay their specially and superiorly educated doctor of public health medicine to devote all of his time to such work?

Every educated physician endorses the idea of special education for specialists. This whether the specialty is surgery, obstetrics, or public health. *But the public welfare and the public health is not advanced by trying to reach an ideal by destroying what we have.*

The worthwhile public health physician still considers himself as much a part of the medical profession as does the surgeon, the obstetrician, or any of the other several specialists of a great profession.

MORE ABOUT FEE SCHEDULES

In commenting editorially upon the controversy which grew out of the fee schedule adopted by the District of Columbia Medical Society still going on in the public press, the Texas Journal of Medicine believes:

"The issue is whether doctors have a right to agree on the value of a service which even the most violent dissenter must recognize as strictly personal, and one involving both knowledge and skill."

The Dallas News, in criticizing doctors' fee schedules, editorially urges: "If the musician had to sing for his audience one at a time, his prices would be much higher, and his services would then be rendered under comparatively the same conditions as physicians who render individual service."

The threat is also made in this and other newspaper editorials over the country that, unless doctors